

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM ETHICS COMMISSION

(Type or Print Clearly)

PART I LOBBYIST	(1)10011111			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Karr	Gary	E	808-259-3146	
MAILING ADDRESS (Street)			FAX	
41-202 Kalanianaole Hwy			808-259-3126	
(City)	(State)	(Zip Code)		
Waimanalo	HI	96795		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Oceanic Institute			808-259-3146	
MAILING ADDRESS (Street)			FAX	
41-202 Kalanianaole Hwy			808-259-3126	
(City)	(State)		(Zip Code)	
Waimanalo	HI		96795	

PART II ORGANIZATION	V		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Oceanic Institute		808-259-7951	
MAILING ADDRESS (Street)		FAX	
41-202 Kalanianaole Hwy		808-259-3126	
(City)	(State)	(Zip Code)	
Waimanalo	HI	96795	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Chisa Woodley		808-259-3111	
MAILING ADDRESS (Street)		FAX	
41-202 Kalanianaole Hwy		808-259-5971	
(City)	(State)	(Zip Code)	
Waimanalo	НІ	96795	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	ION OF LOBBYIST				
I hereby certify that to	he information furnished abov	e is, to the best of my knowledg	ge. correct and complete.		
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	(Signature of Lobbyist)	The state of the s	(Date)		
	TION TO LOBBY				
PART V AUTHORIZAT	TION TO LOBBY	TITLE OF AUTHORIZING OFFICER	₹ OR PERSON REPRESENTED		
	TION TO LOBBY	TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED		
NAME		TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED TELEPHONE		
NAME Chisa Woodley		TITLE OF AUTHORIZING OFFICER	dy		
NAME Chisa Woodley NAME OF ORGANIZATION (if		TITLE OF AUTHORIZING OFFICER	TELEPHONE		
NAME Chisa Woodley NAME OF ORGANIZATION (if Oceanic Institute	applicable)	TITLE OF AUTHORIZING OFFICER	TELEPHONE 808-259-7951		
NAME Chisa Woodley NAME OF ORGANIZATION (if Oceanic Institute MAILING ADDRESS (Street)	applicable)	Qw	TELEPHONE 808-259-7951 FAX		
NAME Chisa Woodley NAME OF ORGANIZATION (if Oceanic Institute MAILING ADDRESS (Street) 41-202 Kalanianaole H	applicable)	<u>Qw</u>	TELEPHONE 808-259-7951 FAX 808-259-5971		
NAME Chisa Woodley NAME OF ORGANIZATION (if Oceanic Institute MAILING ADDRESS (Street) 41-202 Kalanianaole H (City) Waimanalo	applicable) wy (State) HI		TELEPHONE 808-259-7951 FAX 808-259-5971 Zip Code)		
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